

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101731905

FILING DATE

13/21/09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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24			2			
25			2			
26			2			
27			1			
28			2			
29			1			
30			1			
31			1			
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TOTAL IND.

21

2

1

TOTAL DEP.

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21

1

TOTAL CLAIMS

21

23

1

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
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94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			